

**Well Woman HealthCheck Program**  
**Consent to Share and Release Confidential Medical Information**

This form tells how information about you may be used and shared and how you can review your information. Please read the information carefully.

**What information does the Well Woman HealthCheck Program collect?**

- ❖ The Well Woman HealthCheck Program collects personal and medical information:
  - Your age, income, family size and other personal information are used to see if you qualify for the program.
  - Your address and telephone numbers are collected to contact you at your home to remind you of important appointment dates and to give you your medical test results. If the program is unable to contact you at home, the program will leave messages for you with the friends/family you have given the program permission to contact.
  - The Well Woman HealthCheck Program collects your medical information, and can read your medical records for case management, quality assurance, billing and audit purposes.
- ❖ The Well Woman HealthCheck Program may request, read and keep copies of your past and current:
  - Breast exam and mammogram (x-ray of the breast) results
  - Pelvic exam and Pap test results
  - Breast follow-up tests and results
  - Cervical follow-up tests and results
  - Health history information
  - Treatment information related to a breast and/or cervical problems or cancer

**What happens to the information collected by the Well Woman HealthCheck Program?**

- ❖ All personal and medical information is kept private
- ❖ Your information will only be shared between your health care provider(s) and the Well Woman HealthCheck Program for cancer screening, diagnosis, treatment, payment, and other routine health care operations.
- ❖ Medical information is sent electronically to the Centers for Disease Control and Prevention (CDC) two times each year about all the women participating in the Well Woman HealthCheck Program. The information the CDC receives does not include names or information such as addresses or telephone numbers.
- ❖ Information about everyone in the Well Woman HealthCheck Program may be used in reports. No one's name is used in these reports.

**What happens if you have cancer?**

- ❖ Your information will be shared between your health care provider(s)
- ❖ Your information will be shared between the Well Woman HealthCheck Program and AHCCCS (Arizona Health Care Cost Containment System) if you qualify for treatment under the Breast and Cervical Cancer Treatment Act
- ❖ The Well Woman HealthCheck Program may need to share your information with the Arizona Cancer Registry

**You also need to know that:**

- ❖ If you want to read or request a copy of your medical information, you must ask your provider in writing
- ❖ If you do not want your information shared you must tell the Well Woman HealthCheck Program in writing
- ❖ If someone uses your information other than what has been described on this form without your written permission, you must tell the Well Woman HealthCheck Program in writing.
- ❖ Your information may not be shared for anything not described on this form without your approval and signed consent

I agree to let the Well Woman HealthCheck Program share and release my information as described on this form. The Well Woman HealthCheck Program may ask for and share my private medical information about testing, diagnosis and treatment of breast and cervical cancer.

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

This consent form expires one year from the date signed.
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